

FAMILY PLANNING

8/1/98  
(4c)

An initial/annual family planning visit is limited to one per year and a supply visit is limited to one every 75 days. Sterilizations are limited to recipients who meet the requirements of 42 CFR 441.253.

HIV testing and counseling are limited to four per year for recipients acknowledging HIV risks.

HIV testing and counseling are limited to two per lifetime for preventive measures.

Amendment 98-26  
Effective 8/1/98  
Supersedes 93-02

Approval

11/4/98

10/1/90  
(5)

PHYSICIAN SERVICES: Limits visits outside the hospital to not more than one per recipient per day per physician (except for emergencies) and initial consultations outside the hospital to one per medical specialty per recipient per medical condition per year (except for emergencies). A consultation includes services rendered by a physician whose opinion or advice is requested by another physician or agency in the evaluation or treatment of a patient's illness or problem. Also limits one physician visit per recipient per month in all types of long term care facilities (except for emergencies). Exceptions to the limits will be authorized on a case by case basis and will be evaluated based on medical necessity. Excludes clinically unproven procedures and cosmetic surgery. Sterilization procedures which meet federal requirements and abortion procedures meeting federal requirements are allowed. Health screening examinations for non-EPSDT recipients 21 years of age and older are limited to one per recipient per year. Health screening examinations are provided under EPSDT for EPSDT participants.

Elective surgical procedures require prior authorization or EPSDT screening for inpatient hospital services. For purposes of the plan, elective surgery is defined as those surgical procedures that can be safely deferred without:

1. Threatening the life of the recipient, or
2. Causing irreparable physical damage, or
3. Resulting in the loss or serious impairment of a bodily function, or
4. Resulting in irretrievable loss of growth and development.

Medicaid program medical consultant staff will make individual patient decisions as appropriate regarding whether a patient's procedure meets the above criteria on either a prior or postauthorization basis.

Amendment 93-21  
Effective 4/1/93  
Supersedes 93-20

Approval

**SEP 20 1993**

1/1/91  
(6a)

PODIATRISTS: Limits visits outside the hospital to not more than one per recipient per day per podiatrist not to exceed two visits per month (except for emergencies) and one per recipient per month per podiatrist upon referral from the recipient's attending physician in long term care facilities (except for emergencies). One hospital visit per day per recipient per provider is allowed. A visit is not allowed on the same day as a surgical procedure unless it is indicated by an asterisk in the provider handbook. All elective surgical procedures require prior authorization or an EPSDT referral to determine medical necessity. Excludes routine foot care unless medically indicated (ex., allowed for diabetics), also excludes experimental and clinically unproven surgical procedures.

Amendment 93-02  
Effective 1/1/93  
Supersedes NEW

Approval Date APR 22 1993

10/1/97     Optometric Services  
(6b)

For non-EPSDT recipients twenty-one years of age and older, visual examinations are limited to two per year per recipient for the purpose of determining the refractive powers of the eyes. Exception authorization for any service limitation may be made by the state agency based on medical necessity. Service limitations for EPSDT recipients are listed in the EPSDT section.

Amendment 97-17  
Effective 10/1/97  
Supersedes 93-02

Approval 1/20/98

1/1/95  
(6c)

CHIROPRACTIC SERVICES: Visits to a chiropractor are limited to twenty-four visits within a calendar year. Nursing home and ICF/DD residents require a referral from a physician (M.D. or D.O.). Service limitations for EPSDT recipients are listed in the EPSDT section.

Amendment 95-05  
Effective 1/1/95  
Supersedes 94-01

Approval 4/26/95

10/1/95  
(6d)

ADVANCED REGISTERED NURSE PRACTITIONERS (ARNP):  
New patient office, home or hospital visits are limited to one per recipient per provider every three years. Subsequent office, home or hospital visits are limited to one per day per recipient, except for emergency services. Routine physical examinations are provided under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program or Adult Health Screenings.

Amendment 95-20  
Effective 10/1/95  
Supersedes 94-14  
Approval 1-23-96

HOME HEALTH SERVICES

- 1/1/97  
(7a) Home health service visits are limited to no more than four visits per day per recipient. The four visits may be any combination of licensed nurse and home health aide visits. The licensed nurse visits shall be the lowest skill level that will adequately and appropriately meet the needs of the recipient.
- 3/14/95  
(7b) Home health aide services are provided under the direction and supervision of a registered nurse.
- 3/14/95 Home health visits are limited to a maximum of 60 visits per fiscal year. An exception to the maximum limit shall be granted only by prior authorization from the agency or agency designee, based on medical necessity.
- 3/1/97  
(7c) For non-EPSDT recipients 21 years of age and older, medical supplies, appliances, and durable medical equipment (DME) furnished through a home health agency and/or medical supply/appliance/DME supplier are limited to those items listed in the agency's provider handbook. Refer to EPSDT section for EPSDT limitations.
- 10/1/90  
(7d) Therapy services are not provided for non-EPSDT recipients 21 years of age and older. Service limitations for EPSDT recipients are listed in the EPSDT section.

Amendment 97-05  
Effective 3/1/97  
Supersedes 97-03

Approval Date 9/22/97

Revised Submission 8/29/97

10/1/93      CLINIC SERVICES:    Birthing Centers  
(9)

For birthing centers, services are limited to those for women anticipating a low risk pregnancy and delivery.

Amendment 93-61  
Effective 10/1/93  
Supersedes 93-02

Approval FEB 18 1994



10/1/93      CLINIC SERVICES:    Ambulatory Surgical Centers

For ambulatory surgical centers, services are limited to those procedures which can be safely done outside of the inpatient hospital setting as determined by Medicare and the state agency policy.

Amendment 93-61  
Effective 10/1/93  
Supersedes NEW

Approval FEB 18 1994

1/1/93     CLINIC SERVICES:    County Public Health Units

For county public health units, services are limited to one clinic encounter per recipient, per day, per provider for preventive or primary care.

Amendment 93-61  
Effective 10/1/93  
Supersedes NEW

Approval FEB 18 1994